

Utah Department of Health

Division of Health Care Financing Information Technology Resource Access Request Instructions

Access to Division of Health Care Financing (DHCF) IT Resources is given on a need to know basis and can only be authorized by the certified owners of the specific resource. This request form should be completed by management staff with all selections clearly marked with all required signatures as outlined in the instructions. Anyone requesting access to MMIS files must sign the DHCF Disclosure of Information Policy document. The request will be returned to the originator if any alterations are present.

Required Forms-Utah Department of Health

DHCF Information Technology Resource Access Request
DHCF Disclosure of Information Policy
State of Utah Information Technology Acceptable Use Policy

Send required forms to the Division of Health Care Financing

DHCF Bureau of Eligibility

Cannon Health Building

DHCF Bureau of Eligibility Services
 Administrative Services Unit
 Chuck Adan, 3rd Floor
 Box 143107
 Salt Lake City Utah 84114-3107

All Other DHCF Locations

FAX Request Form copy to 801-538-6952

Cannon Health Building
 Division of Health Care Financing
 Bureau of Eligibility Services
 Administrative Services Unit
 Chuck Adan, 3rd Floor
 Box 143107
 Salt Lake City Utah 84114-3107

All Others

Cannon Health Building

Health Care Financing
 Financial Services
 Bruce Wood, 3rd Floor
 Box 143104
 Salt Lake City, Utah 84114-3104

All Other DHCF Locations

FAX Request Form copy to 801-538-6478

Cannon Health Building
 Division of Health Care Financing
 Financial Services
 Bruce Wood, 3rd Floor
 Box 143104
 Salt Lake City, Utah 84114-3104

Original Copies of Signed Policy & Security Documents

All Locations

Utah Department of Health
 Division of Health Care Financing
 Human Resource Management
 Cannon Health Building
 Box 141011
 Salt Lake City, Utah 84114-1011

Utah Department of Health
DHCF Information Technology Resource Access Request Instructions cont'd.

- 01- DATE** Request submitted date.
- 02- EMPLOYEE NAME** **Print...** First, Middle and Last Name
- 03- EMPLOYEE NUMBER** This is the State of Utah Human Resource Employee Identification Number. (Currently it is the individual's social security number, unless an employee number was previously assigned.)
- 04- NEW** Circle if this is a new request.
- CHANGE** Circle if this is a change request.
- DELETE** Circle if this is a delete request. Bureau management must notify DHCF MMIS Data Management and Information Technology Unit Data Processing Security when this logon-ID must be removed because of termination, transfer, or other reasons
- SUSPEND-until date** Circle if this employee's Logon-ID should be suspended. This is normally used for individuals that are on medical leave, extended vacations, etc. The "until date" must be show a valid future calendar date (month/day/year). The logon-ID will be suspended until that date.
- 05- LOGON-ID** If this **is not** a new request, indicate the currently assigned Main Frame ACF2 Security Logon-ID.
- 06- If not employed by the...** If the individual is not employed by the Utah Department of Health indicate the individual's current employer (e.g. USU Student, Davis County Health Dept., etc.)
- 07- TEMPORARY EMPLOYEE?** Circle "yes" if this employee is a contractor or temporary employee. If "yes" is circled, the "until date" should show a valid future calendar date (month/day/year). The logon-ID will be suspended when that date occurs.
- 08- TRANSFER FROM** Indicate the Agency, Office/Division, and Bureau/Unit this employee is transferring from. The access profile will need to be reviewed and appropriate changes made.
- 09- DIVISION** Indicate the Division this individual will be working for: e.g. Utah Department of Health (UDOH), Division of Health Care Financing (HCF).
- 10- BUREAU** Indicate Bureau or Unit Name, e.g. Bureau of Eligibility Services (BES).
- 11- WORK PHONE** Work Telephone Number, **including the area code, must be present on form before it can be processed.**
- 12- STREET ADDRESS** This is the physical location where the employee is normally working e.g. 288 N. 1460 W., Cannon Health Building (CHB), or Pioneer Valley Hospital.
- 13- CITY**
- 14- FLOOR/ROOM**
- 15- JOB TITLE** Indicate the individual's assigned work Job Title.
- 16- ORG** **State Finance Organization Code**

Utah Department of Health
DHCF Information Technology Resource Access Request Instructions cont'd.

ACCESS PROFILE

- 17-** NEW
 REPLACE
 CHANGE
- Circle if the following is a new profile.
 Circle if the following replaces the employee's existing profile.
 Circle if the following marked items are to be added/removed from the employee's existing profile.
- 18-** EFFECTIVE DATE
- Indicate the calendar date (month/day/year) that this profile should become active.

19-UTAH DEPARTMENT of HEALTH - Division of Health Care Financing (requires the employee to sign a DHCF Disclosure of Information Policy and other State Agency computer security agreements.

DHCF Information Technology Resources

- 20.** DHCF LAN Set-up same as
- Indicate with an 'X' if access to a DHCF LAN is to be added or removed.
 Identify the name of an individual that has access similar to this individuals needs.
- 21-**
- Indicate other desired DHCF LAN Resource access.
- 22-29** not used

DHCF MMIS Medicaid Management Information System Resources

- 30-** Suspended Claims Correction
- Indicate with an "X" if access is to be added or removed.
- 31-** Claim Control File
- Indicate with an "X" if access is to be added or removed.
- 32-** Claim Inquiry
- Indicate with an "X" if access is to be added or removed.
- 33-** Provider System
- Indicate with an "X" if access is to be added or removed.
- 34-** Exception Control File
- Indicate with an "X" if access is to be added or removed.
- 35-** Reference System
- Indicate with an "X" if access is to be added or removed.
- 36-** Recipient System
- Indicate with an "X" if access is to be added or removed.
 Circle "yes" or "no" with update.
- 37-** MI-706, MI-714
- Indicate with an "X" if access is to be added or removed.
- 38-** ORS/SURS Requests
- Indicate with an "X" if access is to be added or removed.
- 39-**
- Indicate other desired MMIS resource access.
- 40-**
- Indicate other desired MMIS resource access.

Utah Department of Health DHCF Information Technology Resource Access Request Instructions cont'd.

UTAH DEPARTMENT of ADMINISTRATIVE SERVICES / FINANCE Information

- 48- FIN/WARRANT RECON** Indicate with an "X" if access is to be added or removed. If the request is to add attach a completed FINANCE Request form.

UTAH DEPARTMENT of HEALTH

- 49- DOH/VITAL RECORDS** Indicate with an "X" if access is to be added or removed.

- 50- DOH/SAVE** Indicate with an "X" if access is to be added or removed.

- 51 -** Indicate other desired resource access.

- 52-** Indicate other desired resource access.

53-70 not used

- 71- Medicaid Operations Approval** This signature is added to the form by the authorized DHCF Data Management Unit individual. The requesting supervisor will be notified if by DHCF Data Management if any MMIS access is denied.

- 72-Bureau Approval** Bureau of Eligibility Services - This signature is added to the request by authorized BES Management for all BES requests.

All Others: when required, this signature is added to the request by authorized Bureau Management.

73-79 not used

80- OTHER STATE AGENCY INFORMATION TECHNOLOGY RESOURCES

UTAH DEPARTMENT of ADMINISTRATIVE SERVICES Division of Information Technology Services

- 81- DAS/ID Code** **Required. Utah Division of Administration Services / Data Processing Billing ID Code HLIxxxxx must be present.**

- 82- ITS Main Frame** Indicate with an "X" to add or remove. Circle the selections you wish to add and draw a line through the selections you want deleted.

CICS	CICS is provided whether or not it is circled.
TSO	Time Sharing Option.
CATALOG	This is needed to save main frame data sets.
JOB	Submit batch jobs.
CONTROL-D	View computer reports on the mainframe.

Utah Department of Health DHCF Information Technology Resource Access Request Instructions cont'd.

UTAH DEPARTMENT of ADMINISTRATIVE SERVICES / FINANCE Information

- 83- FIN/FINET** Indicate with an "X" if access is to be added or removed. If the request is to add attach a completed FINANCE Request form.
- 84- FIN/HRM** Indicate with an "X" if access is to be added or removed. If the request is to add attach a completed FINANCE Request form.
- 85-** *Other resources not identified on this form.*
- 86-89 not used**

SECURITY AGREEMENT STATEMENTS - Signatures, dates, and phone number must be present

- 90- Employee Security Agreement** *I have read and agree to abide by the provisions of the State of Utah Information Technology Resources Acceptable Use Policy and all other policies that are appropriate and necessary that apply to the access profile assigned to me.*
- 91- Employee Signature & Date of Signing** This signature indicates that all applicable policy and security statements have been provided to the employee to read and sign.
- 92- Management Security Agreement** *The above information technology access profile is appropriate and necessary for this individual to perform his/her assigned job duties. This above named employee has signed and been provided with copies of all policies that are applicable to this access profile. DOH management understands that any changes in this employee's job assignment must be reported to DOH/HCF Information Technology Security.*
- 93- Supervisors Name** **Printed**
- 94- Supervisor Signature & Date of Signing** This signature indicates that all applicable policy and security statement have been signed by the above named individual. The original signed copies must be sent to DHCF Support Services.
- 95- Division Approval** **Required in order to be processed.**
- 96-99- not used**

DOH/DHCF INFORMATION TECHNOLOGY SECURITY SECTION